

with Medicare threatening to enact the cuts deemed appropriate by the SGR formula and Congress averting the fee cuts one year after another.

As of January 1 of next year, physician fees will be cut by 5 percent. In my view, this is causing understandable concern in the medical community. I hear on a daily basis from physicians, both within and without my State of New Mexico, that these cuts will adversely affect patient care and access. I have no reason to doubt that statement. The Albuquerque Journal in my home State of New Mexico reports that the proposed cuts will cost New Mexico doctors \$12 million in 2007 alone. Presbyterian Health Plan president David Scrase believes the cuts will result in closer to \$32 million in cuts.

I believe this chart which was just put up here makes the point I am trying to make very well. It is labeled "Crisis in Medicare Physician Payments." The black line, which is going up, as everyone can see, is the increase we have seen in the cost of medical practice in the last 5 years. We can see very clearly that continues. It is a relentless increase. The red line is physician payment updates under Medicare. We can see those have been declining and are scheduled for a substantial decline in 2007 again.

What I am trying to say is Congress needs to step in and at least keep this line flat, at least hold physicians harmless in this 5 percent cut. I hope we are able to do even more than that. In my view, these reductions will result in access problems for Medicare patients across the Nation. Cuts such as these, along with the yearly uncertainty of whether the reduction will be implemented, make long-term planning for small to medium physician practices almost impossible.

In addition to the financial stresses of potential decreases in Medicare payments, physicians are being asked to adopt expensive health information technologies to improve the quality of medical care. This is a lot to expect from even large health systems, much less smaller physician groups.

If the Medicare cuts go into effect—and all expert advice I have received leads me to believe they will—there will be access problems encountered by Medicare beneficiaries. But what may be even equally problematic are the other measures physicians will be forced to take to compensate for this cut. I am talking about the reduction of staff, forgoing health insurance for their employees, and delaying implementation of new technologies. All of these are substantial new burdens we are putting on physicians operating their medical practices throughout our country.

Where does this leave us? I believe we need to act both in the short term and in the long term. Congress needs to take immediate action to halt the scheduled 5 percent cut. I hope this can occur before this week is over. Over the

long term, we need to find solutions to continue to provide quality care to Medicare beneficiaries as well as fair payment to physicians for their work. That is not going to be easy.

Frankly, we are going to have to rethink this whole SGR system we adopted nearly a decade ago, and we are going to have to find ways to have a fair formula that provides a fair level of compensation. In my opinion, this is a priority. It is something that has been the subject of intense negotiations between House and Senate Members in the last few days. I understand that. I hope reason will prevail and that we can come out with a solution that makes sense for seniors in this country and for those who depend upon the Medicare system for their health care.

Finding long-term solutions to continue to provide quality care to Medicare beneficiaries as well as fair payment to physicians for their work will require effort and collaboration between lawmakers and the medical community. Earlier this year I introduced legislation that I believe is part of the solution. Because part of the payment that Medicare makes to physicians is based upon geographic location, physicians in rural parts of the country are paid less than those in more urban areas. This known as the geographic practice cost indices, or GPCIs. Congress determined that such extensive geographic disparities were unfair and, as part of the Medicare Modernization Act of 2003, language from one of my bills was included that brought all geographic areas up to the national average for the calculation of this piece of the Medicare physician payment formula. This year I introduced legislation to extend this law. We should extend this law before Congress adjourns and, at the very least prevent the cuts that are set to occur at the end of the year.

To do less is to fail in our responsibility to the million of Americans who depend on Medicare.

#### EMERGENCY WILDFIRE SUPPRESSION FUNDING

Mr. BINGAMAN. Mr. President, I would like to speak about the problem of funding for wildfire suppression. This is an issue that particularly affects us in the West. We have a looming train wreck with regard to emergency wildfire suppression funding.

This year, wildfires burned a record of more than 9.5 million acres, most of that in the West. The wildfires are still burning out of control in southern California, where five more houses burned this weekend.

Federal wildfire-fighting expenditures also set a record at nearly \$2 billion in fiscal year 2006. That was more than twice what was appropriated for that fiscal year. When the cost of suppressing wildfires exceeds what has been appropriated, the agencies spend what they have been appropriated for

the fiscal year and the amount that has been provided to them in emergency supplemental appropriations. This year, they also spent \$500 million from what is called the emergency wildfire reserve account and an additional \$110 million which they had to borrow from other accounts. Congress has not repaid any of that money as of yet. There is \$610 million that has not been repaid to this wildfire reserve account and to the other accounts from which the Forest Service has had to borrow.

Those agencies, particularly the Forest Service, have been left short. They are financially unprepared for even an average wildfire year in 2007. As we begin to look forward into next year, we are faced with a very severe problem. In addition to the proposed 2007 appropriations, the agencies will need about \$835 million if they are to maintain recent levels of financial preparedness. If the continuing resolution goes into effect, as we are advised it is likely to, the numbers are likely to get even worse.

I filed an amendment to the Agriculture appropriations bill to begin to address the problem by providing \$360 million in emergency wildfire suppression funding for the Departments of Agriculture and Interior. That amendment was sponsored by many of my colleagues on both sides of the aisle. Senator BURNS filed a similar amendment to the Military Construction bill. But it is apparent that neither of those bills will get to the President for signature this year.

We have an enormous need for wildfire suppression funding and no clear way to address it. I urge my colleagues to find a way to address it before we leave at the end of this week. Providing some additional funds to these agencies for this purpose is essential. I believe it will be unfortunate if this Congress adjourns leaving those agencies in the financial straits which they are in. I know there are many agencies across the Federal Government which are going to encounter great difficulty in carrying on these activities if we adopt a continuing resolution, as is being proposed, but this particular area of wildfire suppression funding is one that deserves particular attention.

The ACTING PRESIDENT pro tempore. The Senator from Michigan is recognized.

#### PHYSICIAN PAYMENTS

Ms. STABENOW. Mr. President, I rise to speak, as my colleague from New Mexico has spoken so eloquently, about a very serious issue we have to address before we leave for the year. Once again, I rise to speak about the urgency of providing our Nation's physicians with the resources they need to provide high-quality Medicare services to our seniors and people with disabilities. As my colleague indicated, this is something of the utmost importance that needs to be addressed now. There

is no reason we cannot address this before we leave.

On September 21, I asked unanimous consent for the Senate to approve S. 1574, legislation that would provide for a 2-percent update to physicians as recommended by the Medicare Payment Advisory Commission, MedPAC. This particular bill was introduced by my colleague Senator CANTWELL, and I thank her for her leadership on this important issue. My Republican colleagues objected to this request, and so nothing has happened in the last 75 days. We are running up to the end of the year, and yet nothing has happened. Nothing has happened to ensure that physicians will receive a modest update to their Medicare payments. Nothing has happened to ensure seniors and people with disabilities will have access to their doctors.

Senator CANTWELL and I each introduced legislation over a year ago to override the sustainable growth rate formula for Medicare physician payments—in other words, a formula that has been putting us on this road to a 5.1-percent cut come January. We knew then that the formula was wrong. It is not sustainable. It doesn't work. It needs to be fixed.

We have known this day was coming. We know physician payments will be cut by over 5 percent on January 1—just a few weeks from now—if Congress doesn't act. We know Congress has only a few short days to complete the business for the year. We know what we need to do to solve the problem. While the clock is ticking down, we have time to address this issue. It is critical that we not leave here without addressing this for our seniors, for our families, for people with disabilities, and for the physicians of this country who are caring for those individuals.

People say we are out of time. Some people buy Christmas presents on the afternoon of December 24, but there are people who run right up to the deadline. There are people who mail their tax returns right before midnight on April 15. We are in one of those situations. We have to decide to get this done because the deadline is here. We are running right up to the deadline. But we have to make this a priority before we leave. I know colleagues are working on both sides of the aisle as well as in the House to find a solution. It is critical that something be done, that it be fair, that it moves us in the right direction, not the wrong direction. It is not going to take long to get this done if people want to get it done.

In less than 1 month, payments to physicians will be cut by 5 percent. Under current law, while costs continue to increase, physicians will actually be paid less than they are paid today. As I mentioned in September, we know from the recent survey conducted by the AMA that if the scheduled cuts go into effect, 45 percent of doctors will decrease the number of Medicare patients they accept. Almost half of physicians will decrease the

number of Medicare patients they can accept.

Fifty percent of doctors will defer purchase of health information technology, which is another critical issue that I am pleased to be working on with colleagues on the other side of the aisle. We have a bipartisan consensus that we need to move forward on health information technology to save both money and lives. Yet we can't say to physicians: We are cutting the income coming in, we are cutting your payments for serving people, and by the way, we want you to spend money on new hardware and software and training people for a system that is critically important for the Federal Government to save money. That doesn't make any sense, and that is not going to happen.

We also know that 37 percent of doctors practicing in rural communities—and Michigan has many rural communities—will be forced to discontinue rural outreach services. This is unfortunate for the people of Michigan as well as around the country. And 43 percent of physicians will decrease the number of TRICARE patients they serve.

We are talking about people in the military and their families. This doesn't have to happen, if we can act and act quickly.

Further, MedPAC considers the Medicare SGR formula to be flawed. It is an inequitable mechanism for controlling the volume of services. They recommended repeal of it in 2001 because it is not working. It is not working mostly for patients, and it is not working for physicians. Since that time in 2001, they have consistently recommended repealing the formula. MedPAC has stated that the cuts will be particularly devastating for primary care doctors—the very doctors many Medicare beneficiaries rely on for important health care management.

This doesn't have to happen. We have the power to make sure it doesn't. While the problem is clear, fortunately so is the solution.

MedPAC is an independent Federal body established by Congress in 1997 to advise us on issues affecting the Medicare Program. In addition to advising Congress on payments to providers, MedPAC is also tasked with analyzing access to care and quality of care. In carrying out their charge, MedPAC has recommended a 2-percent physician payment update to keep them moving forward for next year. The change is one that I have advocated, and in fact 79 of my colleagues have joined me in seeking and directly tracking MedPAC's recommendations. In fact, 80 Senators have said that physicians must be provided with a positive Medicare payment update for 2007 before we adjourn.

Eighty Members have signed a letter to the two leaders of the Senate. Senator REID has indicated his full support in moving forward with this. Eighty Members have said yes, we know the

problem, we know the solution. The will should be there. Eighty out of 100 Senators have said this needs to get done. I joined these 79 other Senators in sending a letter in July to our leaders. Senator REID has positively responded. I thank him for that.

We have less than 3 days to get this done. My colleagues working on this need to know we want to get this done, get this done in the right way, and that we will not leave until it is completed. We know if we do not provide some kind of modest update to Medicare physicians payments, our seniors and people with disabilities will lose access to their doctors. That is what this is all about. Shame on us if this happens.

I am very proud of the work that over 20,000 MDs and DOs in Michigan each day provide 1.4 million seniors and people with disabilities in Michigan high quality medical services under the Medicare Program. I want them to be able to continue to do that. There is no way they can if, while their costs are going up, their time with patients goes up because of the complexities of dealing with many older citizens and people with disabilities, yet at the same time their reimbursements for those services are going down.

Beginning January 1, the average cut for a physician in Michigan would be \$34,000 per year. How can we ask them to increase their level of care to support and expand what they are doing as more and more people enter the Medicare Program while we are making those cuts every year? It is not sustainable. It does not make any sense that at a time when medical costs are going up, the payments and reimbursements are going down.

I have had many opportunities to hear from physicians in Michigan. Let me mention a couple of them. I will read a letter I received from Dr. Gela Pala, geriatrician and resident of Oakland County, MI. She puts the problems in words that make the situation we face very clear.

As a resident of Oakland County, Michigan and practicing geriatrician I believe cutting further Medicare physician reimbursement will be a mistake.

Most of my patients are above 70 years old and they come to the office with a list of 10 to 20 medications and 10 or more diagnoses. I routinely spend 1 hour or more with a patient and family to discuss options of care, realistic goals/expectations and coordinate care.

As medicine is becoming more and more complex I anticipate we, patients and doctors, will need to increase the time we spend together.

I doubt an 80 year old cognitively impaired grandmother will need less medical attention in the future. I doubt that she will be able to navigate the complexities of the medical system alone or with help from brochures, computers, etc.

I can see my patient getting lost in the shuffle of "cost effective" medicine.

I can see the doctors ordering more tests because nobody had the time to discuss the prognosis. I can see my patient going from one office to another trying to understand what is wrong, how to fix things and how to differentiate between what is fixable and what is not.

Cutting physician reimbursement will not make our nation stronger, healthier or safer. I believe that less physician time will mean less health and more healthcare cost.

Please take action to prevent further deterioration of the medical care for the elderly.

I couldn't agree more.

I have heard from so many people regarding this issue. I will read one more statement, from Dr. Thomas Watkins, a DO and family practice physician in Muskegon, MI:

It will be a travesty for many seniors if doctors stop accepting Medicare due to fund cutting. With our expenses going up 5-10 percent annually and Medicare cutting 5 percent next year it will be very difficult for many of my colleagues and myself to continue to practice medicine for Medicare recipients. Please at least vote to freeze the fee schedule to allow access for all seniors to the physician of their choice, just as you have that privilege.

I simply ask that we act now. We have no more time to wait. People are counting on us.

The PRESIDING OFFICER (Mr. VITTER). The Senator from Tennessee is recognized.

Mr. ALEXANDER. I ask unanimous consent to speak as in morning business for up to 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HONORING SENATORIAL SERVICE

Mr. ALEXANDER. Mr. President, we are coming to the end of the session and 10 of our colleagues are retiring. I want to say a word about them, especially one of them, my colleague, Senator BILL FRIST, from Tennessee.

BILL FRIST

I can still remember when BILL FRIST came to my office in Nashville in 1994 and said he wanted to run for the Senate. I didn't know what to think. BILL FRIST lived in the neighborhood where I lived in Nashville, but I didn't know him very well. Our ages are a little bit different and he had been away while I was Governor of Tennessee, practicing medicine and honing his skills.

What I did know about him was that he was extraordinary. He was one of the pioneers in our country of heart and lung transplants. He performed the first one in Tennessee, the first one in the Southeast. When he decided to run for the Senate, only a handful of physicians in the world had made as many heart transplants as Dr. BILL FRIST.

He had almost no chance of being elected to the Senate in 1994. However, he was elected. He had almost no chance, after having been elected, to help the Republicans gain the majority in 2002, but he did that. No one expected him to be the majority leader of the Senate, but he has been and he has done it very well.

As we look at the record of the accomplishments over the last 4 years, Senator FRIST can take credit for his leadership in creating an environment where we have had tax cuts that have benefited Americans, where we have confirmed judges who will interpret the

law rather than make it up as they go along. His hand was in the Medicare prescription drug benefit which benefits millions of seniors. We would not have had the \$15 billion for HIV/AIDS in Africa had it not been for BILL FRIST.

In Tennessee, we have had a sales tax deduction against our Federal income tax and a new governing board for the Tennessee Valley Authority, neither of which would have been accomplished were it not for BILL FRIST. When Lyndon Johnson was majority leader, he often said, having Lyndon Johnson as majority leader is good for the country and hasn't hurt Texas one bit. I would say, having BILL FRIST as majority leader has been good for the country and it hasn't hurt Tennessee one bit.

He has been the perfect colleague. His ego has been completely under control in a body where that is rare and difficult. And one thing is certain: Anyone who knows BILL FRIST won't underestimate him again. History has proven that is a dangerous thing to do. I don't know very many people who have ever been in public life who have as many interesting and important and viable options open to him as he does as he looks forward to the next step in his contributions to public service.

One of the joys of being a Senator is simply the privilege of serving with other Senators. Each one of the Senators has something remarkable and special. For example, Senator FRIST was president of the skydiving club at Princeton when he was there. He spends vacations in Sudan, doing surgery on poor people. He once got up at 4 in the morning and went to the National Zoo to operate on the heart of a gorilla—which I guess is a pretty good way of preparing for coming to the Senate floor and dealing with what he has to deal with here. He is not the only one who is a very special Senator.

CONRAD BURNS

My friend, CONRAD BURNS, who is retiring, was a marine, an auctioneer, had his own radio program and TV program in Montana. He would sometimes pick up hitchhikers on his way in to work in the Senate—a pretty good surprise for a Government employee to be picked up by a U.S. Senator.

MIKE DEWINE

Or MIKE DEWINE, with his eight children and ninth grandchild, whose heart is nearly as big as he is. He lost a child, and he and Fran have gone to Haiti time after time after time to help people there who need help.

GEORGE ALLEN

Or GEORGE ALLEN. I remember vividly the first time I met him, I campaigned for him in Virginia. He was 40 points behind. I went back to Tennessee and I said, I believe he will win, he is such a good candidate. We haven't heard the last of him in public life.

RICK SANTORUM

Or RICK SANTORUM, Karen, and their six children whom they home school, and his Italian heritage—which ex-

plains a lot about his enthusiasm and vigor for the things he believes in most strongly.

PAUL SARBANES

Or PAUL SARBANES, who was in the same Rhodes Scholar class with Senator DICK LUGAR.

JIM TALENT

Or JIM TALENT, who was the outstanding political science student at Washington University in St. Louis when he was there. No one would be surprised to learn that.

LINCOLN CHAFEE

Or Senator LINC CHAFEE, also retiring, was a wrestler in college. He spent several years in the United States and Canada as a professional blacksmith before he got into politics.

MARK DAYTON

Or MARK DAYTON, whose interest in the environment in Minnesota has been so exceptional.

JIM JEFFORDS

Or JIM JEFFORDS, a former Navy captain, who has had so much to do with offering legislation for clean air and children with disabilities.

When the most recent class of Senators was sworn into office nearly 2 years ago, in the gallery were three women. One was the grandmother of BARACK OBAMA. She was from Kenya. One was the mother of Senator SALAZAR, a 10th generation American. One was the mother of MEL MARTINEZ, the new Republican National Committee chairman, who, with her husband, put her son on an airplane when he was 14 years old and sent him from Cuba to the United States, not knowing if she would ever see him again.

In a way, each one of us who is here is an accident. None of us knew we would be here. Each of us is privileged to serve, and one of the greatest privileges is to serve with our colleagues. We will miss them and we are grateful for their service.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia is recognized.

#### REFLECTIONS ON SENATE SERVICE

Mr. ALLEN. Mr. President, as the time for my departure from the Senate draws near, on behalf of the greatest blessing in my life, my wife Susan, and on behalf of myself, I thank all of my colleagues for their many courtesies and friendships that have been forged during the past 6 years and offer a few concluding reflections about our time here together, as well as talk about the future of our Republic.

Our foremost statesman in Virginia, Harry Byrd, Jr., observed that with the exception of the Presidencies of Abraham Lincoln and Franklin Roosevelt, no time in the history of our country has witnessed more problems and challenges of great magnitude than these past 6 years.

When I arrived here in January of 2001, America was at peace, or so it